

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT #N98000003347

1. Corporation Name

GREATER SANS SOUCI NEIGHBORHOOD ASSOCIATION INC

2. Principal Office Address - No P.O. Box #

6129 Sack Drive N

Suite, Apt. #, etc.

City & State

Jacksonville, fl. 32216

Zip

32216

Country

U.S.A.

3. Mailing Office Address

P.O. Box 10212

Suite, Apt. #, etc.

City & State

Jacksonville, FL. 32247

Zip

32207

Country

U.S.A.

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STATE  
FLORIDA

600107959226  
08/13/07--01045--013 \*\*253.75

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

06/09/1998

5. FEI Number

59-3514574

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Ann E. Friar

Street Address (P.O. Box Number is Not Acceptable)

6500 Beach Blvd.

Suite, Apt. #, Etc.

City

Jacksonville,

State

FL

Zip Code

32216

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Ann E. Friar*

Date 8-8-07

REGISTERED AGENT MUST SIGN

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
S	Donna Denney	6417 Lou Court	Jacksonville, Fl. 32216
T	Veronica Potter	6129 Sack Drive N	Jacksonville, Fl. 32216
d	John Hamel	2466 Provost Court	Jacksonville, Fl. 32216
D	Mark Owens	6240 Bennett Road	Jacksonville, Fl. 32216
D	John Leon	2117 Saul Drive	Jacksonville, Fl. 32216
D	Kevin Nesbitt	2161 2035 West Road	Jacksonville, Fl. 32216

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-8-07 9046192337